

Filing at a Glance

Company: St. Paul Mercury Insurance

Product Name: SelectOne for Community
Banks Prof. Liab. Form Filing 2007-05-0097

TOI: 17.0 Other Liability - Claims

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI
Combinations

Filing Type: Form

SERFF Tr Num: TRVE-125223959 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-025356

Co Tr Num: 2007-05-0097

State Status:

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts

Authors: Socorro Armstrong,
Theresa Lavenburg, Michelle Smith
Cotto, Celina Caez

Disposition Date: 07-06-2007

Date Submitted: 07-06-2007

Disposition Status: Approved

Effective Date Requested (New): 08-05-2007

Effective Date (New):

Effective Date Requested (Renewal): 08-05-2007

Effective Date (Renewal):

General Information

Project Name: SelectOne for Community Banks Prof. Liab. Form Filing 2007-05-0097 Status of Filing in Domicile:

Project Number: 2007-05-0097

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-06-2007

State Status Changed: 07-06-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2007-05-0097

Enhancement Filing - Forms

Miscellaneous Professional Liability

SelectOneSM for Community Banks

St. Paul Mercury Insurance Company 3548-24791 41-0881659

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our SelectOneSM for Community Banks policy. This filing consists of an optional endorsement that is available to all eligible policyholders and a new application that is available to De Novo Banks. These new forms do not have any rating impact.

SelectOneSM for Community Banks

In 2005 we introduced the SelectOneSM for Community Banks product. This filing consists of an endorsement and application which have been designed for use with the SelectOneSM for Community Banks product.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst
One Tower Square
Hartford, CT 06183

MSMITHCO@travelers.com
(860) 277-2345 [Phone]
(860) 277-3937[FAX]

Filing Company Information

St. Paul Mercury Insurance
One Tower Square, 2S2B
Hartford, CT 06183
(860) 277-4045 ext. [Phone]

CoCode: 24791
Group Code: 3548
Group Name:
FEIN Number: 41-0881659

State of Domicile: Minnesota
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
05778819	\$50.00	07-02-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07-06-2007	07-06-2007

Disposition

Disposition Date: 07-06-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Cover Letter	Approved	Yes
Supporting Document	Organizer/Promoter/Incorporator	Approved	Yes
Form	Endorsement		
Form	Travelers SelectOne For De Novo Banks	Approved	Yes
	Application for Management, Employment Practices, Fiduciary, Trust and Bankers		
	Professional Liability		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Organizer/Promoter/Incorporator Endorsement	CB126 Ed. 6-07		Endorsement/New Amendment/Conditions		0.00	CB126.pdf
Approved	Travelers SelectOne For De Novo Banks Application for Management, Employment Practices, Fiduciary, Trust and Bankers Professional Liability	58982 Ed. 6-07		Application/New Binder/Enrollment		0.00	58982.pdf

ORGANIZER/PROMOTER/INCORPORATOR ENDORSEMENT

It is hereby understood and agreed that:

1. Only with respect to the Management Liability Insuring Agreement made a part of this Policy, the following is added to the definition of Insured Persons in the Definitions section of the General Terms, Conditions and Limitations:

Insured Persons also means any natural person who was, now is or shall be an organizer, promoter or incorporator of the Company.

2. The following is added to the Exclusions section of the Management Liability Insuring Agreement made a part of this Policy:

The Insurer shall not be liable for that part of Loss that constitutes amounts an organizer, promoter or incorporator of the Company owes under a written contract or agreement; provided this exclusion shall not apply to:

(a) Defense Costs; and

(b) the extent such organizer, promoter or incorporator would have been liable for such Loss in the absence of the contract or agreement.

All other terms of your policy remain the same.

Name of Insured	Policy Number	Effective Date
	Processing Date	



THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY

IMPORTANT NOTE: THE POLICY FOR WHICH APPLICATION IS MADE, IF ISSUED, WILL BE ON A CLAIMS MADE BASIS. THE POLICY, SUBJECT TO THE DECLARATIONS, INSURING AGREEMENTS, GENERAL TERMS, CONDITIONS, AND LIMITATIONS, AND OTHER TERMS OF THE POLICY, APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD, THE AUTOMATIC DISCOVERY PERIOD OR, IF EXERCISED, DURING THE ADDITIONAL EXTENDED DISCOVERY PERIOD.

THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. DEFENSE COSTS INCURRED SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION.

Please check the coverage option(s) you are applying for and complete those section(s) of this application as instructed. All Applicants must complete the General Information and Management Liability Insuring Agreement sections of this application and sign and date the application.

☐ **Management Liability Insuring Agreement**

Check one of the three following coverage options

- ☐ D&O Individual Coverage
- ☐ D&O Individual Coverage and Company Indemnification Coverage
- ☐ D&O Individual Coverage; Company Indemnification Coverage; and Company Liability Coverage

☐ **Employment Practices Liability Insuring Agreement**

- ☐ Employment Practices Liability Coverage

☐ **Fiduciary Liability Insuring Agreement**

☐ **Trust Liability Insuring Agreement**

☐ **Bankers Professional Liability Insuring Agreement**

Check any of the two coverage options

- ☐ Lender Liability Coverage
- ☐ Professional Services Liability Coverage

GENERAL INFORMATION

1. Name of Parent Company		
2. Street Address		
City	State	Zip Code
3. State of Incorporation (or Charter)		
4. Web Site Address	Phone	Fax

Opening date: _____

Type of Institution: _____

Will the institution be a SEC reporting company? ☐ Yes ☐ No

Please provide the following information with your application. Such items as attached are made a part of this application by reference.

- | | |
|--------------------------------|---|
| • Business plan | • List of proposed Directors and Officers with brief resume of each |
| • Offering Circular/Prospectus | • ProForma Balance Sheet & Income Statement |

Management Liability Insuring Agreement

1. Is requested coverage to include any Subsidiaries that are more than 50% owned or controlled by the Parent Company, either directly or indirectly through one or more of its Subsidiaries? ☐ Yes ☐ No

If yes, attach a list of subsidiaries.

2. Will the Board of Directors regularly review:
- a. Financial Statements of the Parent Company and its Subsidiaries? ☐ Yes ☐ No
 - b. Loan and Investment Policy? ☐ Yes ☐ No
 - c. Investment Activities? ☐ Yes ☐ No
 - d. Litigation against the Parent Company and its Subsidiaries? ☐ Yes ☐ No
 - e. Significant Loans or Lines of Credit? ☐ Yes ☐ No
 - f. Loan Delinquencies? ☐ Yes ☐ No
 - g. Audit Policy? ☐ Yes ☐ No
 - h. Significant Overdrafts? ☐ Yes ☐ No
 - i. Insurance Coverage? ☐ Yes ☐ No
 - j. IRA/Keogh Account Investment Policy? ☐ Yes ☐ No
3. a. Will the Parent Company or its Subsidiaries offer IRA/Keogh accounts to its customers? ☐ Yes ☐ No
- b. Will the Parent Company or its Subsidiaries have a mortgage banking operation? ☐ Yes ☐ No

4. Indicate by checking the box, which of the following professional services the Parent Company or its Subsidiaries will offer:

- | | |
|--|--|
| <input type="checkbox"/> Accounting or Tax Preparation | <input type="checkbox"/> Real Estate Agent/Agency |
| <input type="checkbox"/> Actuarial Services | <input type="checkbox"/> Real Estate Appraisal Services |
| <input type="checkbox"/> Computer Hardware or Software Consulting,
Design, Installation or Sale | <input type="checkbox"/> Sale of Mutual Funds or Annuities |
| <input type="checkbox"/> Data Processing Services | <input type="checkbox"/> Sale of Traveler's Checks, Cashier's Checks,
or Money Orders |
| <input type="checkbox"/> Discount Brokerage Services | <input type="checkbox"/> Sale or Administration of Credit Cards |
| <input type="checkbox"/> Insurance Agent/Agency | <input type="checkbox"/> Security Broker/Dealer Services |
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Third Party Loan Servicing |
| <input type="checkbox"/> Investment Adviser/Financial Planning | <input type="checkbox"/> Travel Agent/Agency |
| <input type="checkbox"/> Investment Banking Service | <input type="checkbox"/> Wire Transfer Agent Services |
| <input type="checkbox"/> Property Management Services | |

5. Does the Parent Company, its Subsidiaries, or any director, officer or any other person proposed for this insurance have any knowledge or information of any fact, circumstance or situation related to any coverage that is available under this policy which could reasonably give rise to a claim against them? ☐ Yes ☐ No

If yes, attach full details.

It is agreed that this policy shall not afford coverage with respect to any claim arising from any such fact, circumstance or situation to the extent the claim is against an Insured who knew of such fact, circumstance or situation prior to the issuance of the proposed policy.

Employment Practices Liability Insuring Agreement

1. Anticipated number of employees as of the opening of the Parent Company and its Subsidiaries _____
2. Will the employment practices guidelines, policies or procedures be reviewed by an attorney with experience in employment law? ☐ Yes ☐ No
3. Will the new Parent Company and its Subsidiaries have an employee handbook? ☐ Yes ☐ No
4. Will there be written guidelines, policies or procedures that address Human Resources or Personnel Management in the following areas:
- a. Hiring/Interviewing ☐ Yes ☐ No

- b. Salary Administration ☐ Yes ☐ No
- c. Performance Appraisal/Review ☐ Yes ☐ No
- d. Discipline ☐ Yes ☐ No
- e. Discharge/Termination ☐ Yes ☐ No
- f. Accommodating the disabled ☐ Yes ☐ No
- g. Reporting, investigating and resolving employee complaints ☐ Yes ☐ No
- h. Discrimination and workplace harassment ☐ Yes ☐ No

Fiduciary Liability Insuring Agreement

1. Will the funds of any Plan be used to purchase this insurance? ☐ Yes ☐ No
2. What type of plans will be sponsored by the Parent Company and its Subsidiaries for which coverage is being requested?
 - a. Name _____ Type of Plan _____
 - b. Name _____ Type of Plan _____
 - c. Name _____ Type of Plan _____
3. Will all of the Plans conform to ERISA's participation, vesting benefit accrual and break in service, reporting disclosure, joint and survivor provisions, and, with respect to a defined benefit pension plan, ERISA's minimum funding requirement and standards? ☐ Yes ☐ No
4. Is requested coverage to include a 401(k) plan? ☐ Yes ☐ No
 - a. What percentage of the total assets of the 401(k) plan will be invested in the stock of the Parent Company or its Subsidiaries? %
 - b. Will the Parent Company or its Subsidiaries match a percentage of the employees' contribution to the 401(k) plan? ☐ Yes ☐ No
 - c. Will the 401(k) plan participants be allowed to invest their own contributions to the 401(k) plan in investments other than stock of the Parent Company or its Subsidiaries? ☐ Yes ☐ No
5. Will the fiduciary liability coverage include an ESOP Plan? ☐ Yes ☐ No

Bankers Professional Liability Insuring Agreement

1. Does the Parent Company or its Subsidiaries contemplate purchase of any loans or "books" of loans originated by other lenders within the next three years? ☐ Yes ☐ No
2. Will loan officers be required to transfer troubled loans to a workout officer or committee? ☐ Yes ☐ No
3. Will the Parent Company and its Subsidiaries retain the services of outside legal counsel who specialize in handling workout loans? ☐ Yes ☐ No
4. Will the Parent Company and its Subsidiaries establish policies or procedures for responding to external inquiries regarding the creditworthiness of any individual or entity with which the Parent Company or its Subsidiaries have a lending relationship? ☐ Yes ☐ No
5. Will the Parent Company or its Subsidiaries engage in any sub prime banking practices? ☐ Yes ☐ No
6. For all services that will be offered, will there be written policies that govern their performance and administration? ☐ Yes ☐ No

If no, attach full details.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK (Non Auto): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE (Non WC): IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

The undersigned authorized representatives of the Parent Company represent, after inquiry, that the statements and representations set forth herein are true and shall be deemed material to the acceptance of the risk or hazard assumed by the Insurer under the insurance provided by the policy. The policy is issued in reliance upon the truth thereof. The undersigned authorized representatives agree that if the information supplied in this application changes between the date of this application and the effective date of the policy, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance provided by the policy.

Signing of this application does not bind the Parent Company nor the Insurer to complete the insurance provided by the policy, but it is agreed that all written statements and attachments furnished to the Insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. It is agreed that the Insurer has relied upon this application and attachments, and the application and attachments shall be the basis of and shall be deemed attached to and incorporated into the policy should a policy be issued. The Insurer is hereby authorized to make any investigation and inquiry in connection with this application.

REQUIRED COMPLETION

Broker or Agent

Broker or Agent License No.	City	State	Date Submitted
Parent Company		Date	
Signature of Officer in Charge of Human Resources		Title	
Signature of Chairman or President		Title	

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-06-2007
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Comments:

Attachments:

2007 PC NAIC Transmittal (generic) (2).pdf
2007 NAIC Form List.pdf

Satisfied -Name:	Cover Letter	Review Status: Approved	07-06-2007
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Comments:

Attachments:

AR 2007-05-0097 SelectOne Prof Liability Ltr.pdf
Forms Index.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
St. Paul Mercury Insurance Company	MN	24791	41-0881659	

5. Company Tracking Number	2007-05-0097
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Michelle Smith Cotto	Regulatory Analyst	860-277-2345	860-277-3937	msmithco@travelers.com
One Tower Square, 2SHS Hartford, CT 06183				

7. Signature of authorized filer	<i>Michelle Smith Cotto</i>
8. Please print name of authorized filer	Michelle S. Cotto

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17. Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Prof. Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	SelectOne
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 8/5/07 Renewal: 8/5/07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A

18. Company's Date of Filing	7/6/2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-05-0097
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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2007-05-0097

Enhancement Filing - Forms

Miscellaneous Professional Liability

SelectOneSM for Community Banks

St. Paul Mercury Insurance Company

3548-24791

41-0881659

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our SelectOneSM for Community Banks policy. This filing consists of an optional endorsement that is available to all eligible policyholders and a new application that is available to De Novo Banks. These new forms do not have any rating impact.

SelectOneSM for Community Banks

In 2005 we introduced the SelectOneSM for Community Banks product. This filing consists of an endorsement and application which have been designed for use with the SelectOneSM for Community Banks product.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 05778819**Amount:** \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2007-05-0097		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Organizer/Promoter/Incorporator Endorsement	CB126 Ed. 6-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Travelers SelectOne For De Novo Banks Application for Management, Employment Practices, Fiduciary, Trust and Bankers Professional Liability	58982 Ed. 6-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



One Tower Square, 2SHS
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email: msmithco@travelers.com

July 6, 2007

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

2007-05-0097

**Enhancement Filing - Forms
Miscellaneous Professional Liability
SelectOne for Community Banks**

St. Paul Mercury Insurance Company

3548-24791 41-0881659

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our SelectOne for Community Banks policy, which was approved by your department on May 15, 2007 under company filing number 2005-08-0077. This filing consists of an optional endorsement that is available to all eligible policyholders and a new application that is available to De Novo Banks. These new forms do not have any rating impact.

SelectOne for Community Banks

In 2005 we introduced the SelectOne for Community Banks product. This filing consists of an endorsement and application which have been designed for use with the SelectOne for Community Banks product.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Form listing and final prints of each form.
- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal businesses effective on or after August 5, 2007 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Sincerely,

Michelle Smith Cotto

Forms Index
SelectOne for Community Banks and Credit Unions
2005-08-0077

Form Number	Ed./Rev. Date	Title	Replaces Form	Description	Mandatory or Optional
CB126	Ed. 6-07	Organizer/Promoter/ Incorporator Endorsement	N/A	Provides coverage for organizers, promoters, and incorporators	O
58982	Ed. 6-07	SelectOne for De Novo Banks Application for Managements, Employment Practices, Fiduciary Trust and Bankers Professional Liability	N/A	Application tailored for De Novo Banks	O